Reedsburg Police Department Open Records Request

(Police Department Fax Number: 608-524-2925)

Describe the record you are requesting as completely as possible:

		Approximate date and location of incident:				
Name of person (s) involved in incident:						
	Describe type of incident (i.e., accident, theft, assault): Purpose of Request: Please Note: You are not required to state the reason for your request.					
Name of Requester: Please Note: You are not required to identify yourself.						
				errote. For the not required to identify yourself.		
		Phone Number:		Fax Number:		
[]	Please mail	[] Please fax	[] Please call when ready	[] I will pick up	
red sur õer or fed of un	ques ffici xcep the lera the -red	et for a record without rent request. [WI SS 19] of as otherwise provided security of individuals it law. Information gove requested record in an elacted copy of this record	easonable limitation as to su 35 (1)(b)] Section 19.35(1) by law.ö Section 19.35(1)(a dentified therein. Section 19 erned by the Driver Privacy la effort to abide by the Driver d if you believe you meet th	hably describes the requested record or the informabject matter or length of time represented by the large to	e records does not constitute a on with the specific limitation ich could endanger life, safety, aw those records exempted by provided with a redacted copy olete, in detail, a request for an eords is denied, this decision is	
		For Department U	se Only – To Be Comp	pleted by Custodian or Deputy Custodi	an of Records	
[]	Request for record ap	pproved			
]]	No record found				
]]	Request for record ap	oproved in part, and denie	d in part. Explanation:		
[]	Record does not belo	ong to this agency. To obt	ain this record, you must request it from:		
[]	Request for record denied. Reason for denial:				
		Completed By:				
		Date Completed:		Time Completed:	(rev8/2014)	